GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:1763
ANSWERED ON:25.11.2016
Improving Health Indicators in India
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government is aware that despite economic growth there has been no improvement in the health indicators of the country as much as in the past decade;

(b) whether the Government is aware that self-harm deaths have increased over the years, if so, the details thereof along with the measures undertaken by the Government to deal with the same; and

(c) the details of centrally sponsored schemes to improve the health indicators and status along with State/UT-wise budget allotment and utilisation during the last three years?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)
(a): The country has demonstrated reduction in key health indicators such as Infant Mortality Rate, Maternal Mortality Ratio (MMR), Under 5 Mortality Rate. Further, the annual average pace of decline in MMR (for the period 1990 to 2013) was much faster in India (4.5%) as compared to global rate (2.6%).

Additionally, mortality due to various diseases has reduced too. For instance, the Global Burden of Disease (2015) reports a decrease in mortality (between the years 2005 and 2015) on account of lower respiratory infections (by 22.6%), diarrhoeal diseases (by 31.7%), tuberculosis (by 30.7%), neonatal preterm birth (by 39.5%), neonatal encephalopathy (by 31%) and road injuries (by 2.7%).

(b): As per the Global Burden of Disease report for India, the deaths due to self-harm for the period 2005 to 2015 have declined by 3.9%.

(c): The Centrally Sponsored Scheme (CSS) National Health Mission (NHM), has two sub-missions, viz. the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). While NRHM was launched in April 2005, launch of NUHM was approved by the Cabinet on 1st May 2013. NHM envisages achievement of universal access to equitable, affordable & quality healthcare services that are accountable and responsive to people's needs. The main programmatic components include Health System strengthening in rural and urban areas, Reproductive-Maternal-Neonatal-Child and Adolescent Health (RMNCH+A) interventions and control of Communicable and Non-Communicable Diseases. Under NHM, support is provided to the States/UTs to strengthen their health care system based on the requirements posed by them under Programme Implementation Plans. Funds allocated, released and expenditure incurred State/UT wise are given at Annexure 1.
To meet the shortfall of human resource in health, the government is implementing a Centrally Sponsored Scheme for "establishment of new medical colleges by upgrading district/referral hospitals" with fund sharing between the Central Government and States in the ratio of 90:10 for North Eastern /special category states and 60:40 for other states. This scheme was approved in January, 2014. Criteria for identification of Districts under the scheme are i)District Hospitals/referral hospital with bed strength of 200 or more ii)District/Referral hospitals of the districts where there is no medical college iii) Preference to underserved areas. Funds released to the State Governments for the approved districts under the scheme are given at Annexure-2.
Upgradation of existing State Government/Central Government medical colleges to increase MBBS seats in the country:- This scheme was approved in January, 2014. The funding pattern is 90:10 by Central and State Governments respectively for North Eastern States and Special category States and 60:40 for other States with the upper ceiling cost pegged at Rs.1.20 crore per seat. 22 Medical Colleges have been approved under the scheme to increase UG seats. Funds released under this scheme are at Annexure-3.

Strengthening and upgradation of State Government Medical colleges for starting new PG disciplines and increasing PG seats:- The scheme was launched in the XI Plan period with the objective to strengthen and upgrade State/Central Government Medical Colleges to create new PG seats. The funding pattern between Centre and States is in the ratio of 60:40. A total of 72 Government Medical colleges are covered under the scheme for increasing PG seats. Funds released under the scheme are at Annexure-4.

Rashtriya Swasthya Bima Yojana (RSBY), a centrally sponsored health insurance scheme is being implemented by this Ministry which covers BPL families (a unit of five) and other categories namely Building & Other Construction Workers, licensed Railway porters, Street Vendors, MGNREGA workers (who have worked for more than fifteen days during preceding financial year), Beedi workers,

Domestic workers, Sanitation Workers, Mine Workers, Rickshaw pullers, Rag pickers and Auto/Taxi drivers, who are enrolled under RSBY. They are entitled for health insurance coverage of Rs.30,000/- cashless per annum per family. Under RSBY there is no state/UT-wise allocation of funds. Central Government releases its share of premium to State Governments on the receipt of their proposals. The State/UT-wise details of the funds released to State Governments during last three years are at Annexure-5.